

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	62607	9/28/99
O.I.P.E. CLASSIFIER		59	10/6
FORMALITY REVIEW	CM	71632	10/15/99
	CM	71632	4/12/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date	Claim	Date
1		51	
2		52	
3		53	
4		54	
5		55	
6		56	
7		57	
8		58	
9		59	
10		60	
11		61	
12		62	
13		63	
14		64	
15		65	
16		66	
17		67	
18		68	
19		69	
20		70	
21		71	
22		72	
23		73	
24		74	
25		75	
26		76	
27		77	
28		78	
29		79	
30		80	
31		81	
32		82	
33		83	
34		84	
35		85	
36		86	
37		87	
38		88	
39		89	
40		90	
41		91	
42		92	
43		93	
44		94	
45		95	
46		96	
47		97	
48		98	
49		99	
50		100	
		110	
		112	
		113	
		114	
		115	
		116	
		117	
		118	
		119	
		120	
		121	
		122	
		123	
		124	
		125	
		126	
		127	
		128	
		129	
		130	
		131	
		132	
		133	
		134	
		135	
		136	
		137	
		138	
		139	
		140	
		141	
		142	
		143	
		144	
		145	
		146	
		147	
		148	
		149	
		150	

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)